



Executive Office of Health and Human Services

## **RY2021 MassHealth Acute P4P Technical Session**

**EOHHS Medicaid Hospital Statewide Webcast  
September 18, 2020  
11:00am – 12:00 noon (ET)**

# RY2021 Hospital Webcast Agenda

Topic	Presenter
<b>Introduction</b> <ul style="list-style-type: none"> <li>Webex Logistics</li> </ul>	LeeAnne Booth, RN, MBA, Telligen
<b>EOHHS Medicaid Acute RFA21 Quality Reqts.</b> <ul style="list-style-type: none"> <li>Program Principles &amp; Quality Measures</li> <li>Performance Assessment Methods</li> <li>Incentive Payment Methods</li> <li>Hospital Key Representative Requirements</li> <li>Covid-19 Provisions</li> <li>Future Program Consideration</li> </ul>	Iris Garcia-Caban, PhD EOHHS MassHealth
<b>RY21 MassQEX Technical Updates</b> <ul style="list-style-type: none"> <li>Process Measure Specs/Tools</li> <li>MassQEX Portal Reports</li> <li>Chart Submission Procedures</li> <li>Secure File Transfer Protocols</li> <li>MassQEX User Acct Maintenance</li> <li>MassQEX Listserv Communication</li> </ul>	Cynthia Sacco, MD; Telligen
<b>Q&amp; A Period</b>	L. Booth, Telligen
<b>Wrap Up</b>	

## Registration Required

- **Open Web Link:** Upon registration, you received a confirmation email with login details
- **View Slides:** Registration is required to view slides
- **AUDIO:** Bridge Line:1-877-739-4149 Code: 468 962 2530 (Must use to Listen and during Q&A period)
- **Tech Support:** (515) 440-8555 if encounter problems

## Remote WebEx Logistics

- **Web Leader:** will open line, display slides, lead the Q&A session.
- **Presenters:** will keep their specific lines open while all participants are muted.
- **Webcast Participants**
  - will be muted during presentation
  - Hospitals can use the chat feature
- **The Q& A Period.**
  - WebEx leader will unmute lines for this session
  - Participants should mute their line to prevent background noise spilling into call.

# EOHHS Medicaid Acute Hospital Request For Application (RFA)

## Section 7:

### Quality Reporting Requirements & Payment Methods

Iris Garcia-Caban, PhD  
Hospital Performance Program Lead  
MassHealth Office of Provider and Pharmacy Programs

★ Footnote: Covid-19 Proviso is defined as an interim modification to program policy or procedure, impacted by the public health emergency, during a specified period of time as determined by EOHHS.

# EOHHS Medicaid Acute Hospital RFA Contract - Section 7 Components

## Section 7.1 Program Core Principles

- ❖ **Program Aim** → Reward hospitals for high quality care and better outcomes for MassHealth patients.
- ❖ **Performance Assessment** → Each hospital's performance is assessed using methods outlined in the RFA.
- ❖ **Incentive Payments** → Hospital payments are contingent on meeting standards set forth in the RFA.
- ❖ **No Hospitals Exempt** → All Hospitals are required to participate in MassHealth P4P Program

Sect 7.2 Hospital Key Representatives

Sect 7.3 Quality Performance Measures

Sect 7.4 Performance Assessment Method

Sect 7.5 Incentive Payment Methods

Sect 7.6 Reporting Requirements

**EOHHS Technical Specifications Manual  
(RFA Supplement)**

**P4P Program Participant Forms  
(RFA Supplement)**

## 7:3 MassHealth Inpatient Quality Performance Measures

Quality Measure Category	Metric ID#	Measure Name	Quality Performance Goals
<b>Perinatal Care</b>	MAT-4 NEWB-1	Cesarean Birth, NTSV Exclusive breast milk feeding	Reduce morbidity, added LOS for mom/newborns
<b>Care Coordination</b>	CCM-1 CCM-2 CCM-3	Reconciled medication list rcvd by D/C patient Transition record with specified data elements rcvd by D/C patient Timely transmission of transition record within 48 hours at D/C	Ensure safe & effective hand-offs to avoid readmissions
<b>Health Disparity</b>	HD-2	Health Disparities Composite	Reduce disparity during inpatient care stay
<b>Safety Outcomes</b>	PSI-90 HAI-1 HAI-2 HAI-3 HAI-4 HAI-5	Patient Safety & Adverse Events Composite Central Line-Associated Bloodstream Infection Catheter-Associated Urinary Tract Infection Methicillin-Resistant Staphylococcus Aureus bacteremia Clostridium Difficile Infection Surgical Site Infections: Colon/Abdominal hysterectomy	Reduce Occurrence of Harm
<b>Patient Experience &amp; Engagement</b>	HCAHPS	Hospital Consumer Assessment of Healthcare Provider Systems Survey (7 dimensions: Nurse Communication, Dr. Communication, Communication about Meds, Responsiveness of Hospital Staff, Discharge Information, Overall Rating, CTM-3)	Improve Patient-Centered Care

### ACUTE HOSPITAL MEASURES

- Supplement the MassHealth ACO quality strategy for better population health management
- Promote joint accountability between Hospitals & Primary Care Practices on quality and safety

## 7.3: Quality Measures Data Completeness Requirement

- ❖ **Data Completeness** -- refers to whether or not all the necessary elements required to conduct performance evaluation are available in the data sources collected.
- ❖ Incomplete data refers to data that is selectively collected or excluded in reported data files

Measure Type	EOHHS Data Collection	Data Completeness Requirement
<b>Chart-based (MAT, NEWB, CCM)</b>	Hospital reported (all <u>Medicaid</u> payer data)	<ul style="list-style-type: none"><li>▪ Submit data files of sample cases that meet IPP; and</li><li>▪ Enter ICD population/sample count data; and</li><li>▪ Submit charts for validation</li><li>▪ Meet all submission deadlines</li></ul>
<b>Claims-based* (PSI-90)</b>	MMIS paid claims* (all <u>Medicaid</u> payer data)	<ul style="list-style-type: none"><li>▪ Contain all clinical and administrative codes required by AHRQ software (POA, ICD, age, admission type, etc.)</li></ul>
<b>National Registry-based* (HAI's)</b>	MassHealth NHSN Group confer rights agreement* (all Payer data)	<ul style="list-style-type: none"><li>▪ Meet NHSN data reporting specs/deadlines</li><li>▪ Adhere to NHSN Monthly Report Plans</li><li>▪ Meet CMS reporting deadlines</li></ul>
<b>National Survey-based* (HCAHPS)</b>	Hospital Compare Website (all Payer data)	<ul style="list-style-type: none"><li>▪ Meet HCAHPS Quality Assurance Guidelines</li><li>▪ Meet CMS reporting deadlines</li></ul>

- ✓ Asterisk (\*)= No data reporting to MassHealth is required
- ✓ All Medicaid payer = includes all members where MassHealth insurance is primary payer.

## 7.4: RY21 Data Accuracy Requirements for Process Measures

### Data Validation Standard

- ❖ Applies to Perinatal, Care Coordination & Health Disparity QMC's
- ❖ Purpose: to verify that hospital reported patient-level data is accurate and reliable for performance scoring.
- ❖ In RY21, Hospitals must meet data validation standard (.80) on last two CY20 quarters of submitted data files

### Quality Scoring Impact

- ❖ Passing Validation is required prior to computing hospital performance scores
- ❖ If FAIL validation in comparison year (RY21) for reported measures then all process measures data is considered unreliable for performance scoring.
- ❖ If FAILED validation in prior year (RY20) then data is considered invalid for computing comparative year performance.

## 7.4: MassHealth Hospital Performance Assessment Methods Overview

Quality Category	Measure Result	RY21 Case Minimum Requirement	Performance Scoring Method	Set Performance Threshold	Improvement Noted As
<b>PERINATAL CARE</b> (MAT4; NEWB1)	Rates	Defer requirement 🚩	Attainment or Improvement	Attainment: Median (50 <sup>th</sup> ) Benchmark: Mean of (90 <sup>th</sup> )	Lower is better (MAT4) Higher better (NEWB1)
<b>CARE COORDINATION</b>	Rates	Defer requirement 🚩	Attainment or Improvement	Attainment: Median (50 <sup>th</sup> ) Benchmark: Mean of (90 <sup>th</sup> )	Higher is better
<b>HEALTH DISPARITY</b>	BGV value	Defer requirement 🚩	Decile Rank	Target Attainment (Above 2 <sup>nd</sup> decile )	Lower is better
<b><u>SAFETY OUTCOMES</u></b> PSI-90 Composite Five HAI's	Index value z-score	≥ 3 cases for 1 of 10 PSI's	Interquartile Rank (of overall z-score)	Minimum Attainment (Above 1 <sup>st</sup> quartile)	Lower is better
	SIR value z-score	Have SIR ≥1.0 at least 12 mos. data			
<b>PATIENT EXPERIENCE</b>	Rates	Have at least 100 surveys in CY period	Attainment or Improvement	Attainment: Median (50 <sup>th</sup> ) Benchmark: Mean of (90 <sup>th</sup> )	Higher is better

### Performance Scoring Eligible Criteria

- ★ Meet data completeness requirements on all measures (see slide # 5)
- ★ Pass data validation for process measures (see slide #6)
- ★ Meet case minimum requirement as applicable to each measure (🚩= Covid-19 proviso)
- ★ Nationally Reported Data
  - Meet the HAI data completeness and case minimum requirement for scoring criteria.
  - Meet the HCAHPS data completeness and case minimum requirement for scoring criteria.



## 7.4: Attainment & Improvement Performance Assessment Method Overview

### Improvement

- Represents progress achieved from prior year to earn points
- Individual hospital results is better than prior year

### Attainment Threshold

- Represents minimum level of performance required to earn points
- **Set at Median** (50<sup>th</sup>) of all hospital prior year data.

### Benchmark Threshold

- Represents highest performance achieved to earn maximum points
- **Set at Mean of top decile** (90<sup>th</sup>) of all hospital prior year data

Evaluates each Hospitals  
Previous & Comparison  
Year Rates

plus

Evaluates each Hospitals result  
compared to all Hospitals



Individual  
Hospital



All  
Hospitals



## 7.4: Process Measure Categories: Attainment & Improvement Quality Scoring

### STEP 1 → Quality Point System

#### ATTAINMENT POINTS

- **0 points:** If rate  $\leq$  attainment
- **1 to 9 points:** If rate  $>$  attainment but  $<$  benchmark
- **10 points:** If rate  $\geq$  benchmark

#### IMPROVEMENT POINTS

- **0 points:** If rate  $\leq$  previous year
- **0 – 9 points:** If rate between previous year & benchmark

### STEP 2 → Quality Scoring Eligibility

- ❖ Must Pass Data Validation
- ❖ **Case Minimum:** Defer requirement ★
- ❖ **Attainment Pts** → if NO cases in baseline period may be eligible for attainment pts if *pass data validation* in comparison period
- ❖ **Improvement Pts** → Awarded when have baseline & comparison period data
- ❖ **Awarded Points:** Get higher of Attainment or Improvement points (once baseline established)

#### Step 3

$$\frac{(\text{Hospital Measure Rate} - \text{Attainment})}{(\text{Benchmark} - \text{Attainment})} \times 9 + 0.5 = \text{Attainment Pts.}$$

#### Step 4

$$\frac{(\text{Current Measure Rate} - \text{Prior Yr. Rate})}{(\text{Benchmark Threshold} - \text{Prior Yr. Rate})} \times 10 - 0.5 = \text{Improvement Pts}$$

#### Step 5

$$\frac{\text{Total Awarded Points}}{\text{Total Possible Points}} \times 100 = \text{Total Performance Score}$$

## 7.4: Health Disparity Category - Performance Scoring Method

Description	
<b>Composite</b>	✓ Extracts racial groups from combined MAT, NEWB, & CCM reported data
<b>Step 1: Compute Raw Results</b>	<ul style="list-style-type: none"> <li>✓ Racial Comparison Group Rate</li> <li>✓ Hospital Reference Group Rate</li> <li>✓ HD2 Composite Value = BGV (variation in care)</li> </ul>
<b>Step 2: Set Threshold</b>	✓ BGV Target Attainment set above 2 <sup>nd</sup> decile
<b>Step 3: Decile Rank</b>	✓ All valid Hospital BGV's ranked highest to lowest
<b>Step 4: Conversion Factor</b>	✓ A weight is assigned to each decile group
<b>Step 5: Compute Score</b>	✓ Health Disparity Performance Score = Conversion Factor x 100%
<b>RY21 Quality Scoring Eligibility</b>	<ul style="list-style-type: none"> <li>✓ Must pass data validation for process measures</li> <li>✓ Data Must have &gt;1 Racial group</li> <li>✓ Defer case minimum requirement 🚫</li> </ul>

Performance Threshold (BGV)	Decile Group	Conversion Factor
	10 <sup>th</sup> decile	1.0
	9 <sup>th</sup> decile	.90
	8 <sup>th</sup> decile	.80
	7 <sup>th</sup> decile	.70
	6 <sup>th</sup> decile	.60
	5 <sup>th</sup> decile	.50
	4 <sup>th</sup> decile	.40
	3 <sup>rd</sup> decile	.30
<div> <div>Lower Deciles</div> <div>2<sup>nd</sup> decile</div> <div>1<sup>st</sup> decile</div> <div>0 (zero)</div> </div>		

Target Attainment

**HD2 Performance Score = Conversion Factor x 100%**

## 7.4: Patient Experience Category Performance Scoring Method

### Step 1 →

#### Attainment & Improvement Method

- ★ **HCAHPS Measures** (N=7 dimensions)
- ★ **Set Thresholds:** Attainment and Benchmarks use all hospital prior year reported HCAHPS state-level data obtained from CMS Hospital Compare

### Step 2 → Quality Points Criteria

- ★ **Case Minimum:** have at **least 100** surveys in baseline & comparison period
- ★ **Improvement Pts** → Must have both previous & comparison year data
- ★ **Awarding Points:** quality points are awarded when hospital has already established a baseline rate

### Steps 3 - 6 →

#### Performance Scoring Process

- ★ **Step 3 → Use Quality Pts System:** for each survey dimension (see slide #10).

- ★ **Step 4: Use Attainment Pts Formula**

$$\frac{(\text{Hospital Measure Rate} - \text{Attainment})}{(\text{Benchmark} - \text{Attainment})} \times 9 + 0.5 = \text{Attainment Pts.}$$

- ★ **Step 5 → Use Improvement Pts formula**

$$\frac{(\text{Current Measure Rate} - \text{Prior Yr. Rate})}{(\text{Benchmark Threshold} - \text{Prior Yr. Rate})} \times 10 - 0.5 = \text{Improvement Pts}$$

- ★ **Step 6 → Compute Total Performance Score** using below formula:

$$\frac{\text{Total Awarded Points}}{\text{Total Possible Points}} \times 100 = \text{Patient Experience Total Performance Score}$$

## 7.4: Safety Outcomes Category - Performance Scoring Overview (1of 3)

### Safety Outcome Measures (SOM)

#### SOM Includes Six Measures

1. PSI-90 → Index Value
2. CAUTI → SIR value
3. CLABSI → SIR value
4. MRSA → SIR value
5. C. Difficile → SIR value
6. Surgical Site Infections → SIR value

#### Quality Scoring Eligibility

- ★ **PSI-90** → *Must have  $\geq 3$  cases for one of 10 indicators for quality scoring*
- ★ **HAI's** → *Each HAI must have sufficient data to produce an SIR results by NHSN*
- ★ **SOM's** must meet data completeness requirements

### Step 1 & 2: Data Transformation

#### Step 1:

#### Compute Winsorized Measure Result

Rank distribution of all hospital raw values then truncate at 5<sup>th</sup> and 95<sup>th</sup> percentiles.

- WMR equals 5<sup>th</sup> percentile - If raw value falls between minimum value & 5<sup>th</sup> percentile
- WMR equals 95<sup>th</sup> percentile - If falls between 95<sup>th</sup> percentile & maximum value
- WMR is Hospital raw value - If value falls between 5<sup>th</sup> and 95<sup>th</sup> percentile.

#### Step 2:

#### Compute Winsorized Z-score

- ✓ A Winsor Z-score is calculated for each measure using the following formula:

Measure $Z_i$ score =	$(X_i) - (\bar{X})$
	$SD(x_i)$

- ✓ The Hospitals winsor z-score for each safety measure reflects how many standard deviations each value is away from the Mean measure result.

## 7.4: Safety Outcome Category: Equal Measure Weights Scoring Method (2 of 3)

### Step 3:

#### Compute Safety Outcome Weights

- ★ Table below displays the weight that is assigned to each measure based on number measures with a z-score

Number of measures with a z-score	Weight assigned to each measure z-score
6	16.7
5	20.0
4	25.0
3	33.3
2	50.0
1	100.0
0	N/A

- ★ The Hospital's overall safety z-score is represents the weighted average of all available z-scores.

### Step 4:

#### Compute Overall Safety Z-Score

- ★ Assign weight to each measure z-score
- ★ Multiply the measure z-score by the weight shown on table (left).
- ★ When hospital has no z-scores for any measure it will not get an overall safety score.
- ★ Overall Safety score reflects the sum of all contributions of measure z-scores.
- ★ The SOM category overall z-score is computed based on the formula below:



$$(\text{PSI90 zscore} + \sum_{i=1}^{\text{Number of HAI}} \text{HAI zscore}_i) / (\text{Number of HAI} + 1)$$

## 7.4: Safety Outcomes Category - Performance Ranking Method (3 of 3)

### Step 5:

#### SOM Performance Ranking

- ❖ **Interquartile Rank Method.** Each hospital's overall safety z-score results are ranked from highest to lowest across four equal groups.
- ❖ **Minimum Attainment Threshold.** Reflects the minimum level of performance that must be achieved to earn incentive payments
- ➔ Lower overall z-score indicates better performance
- ➔ Higher overall safety z-score indicates worse performance

#### RY21 Minimum Threshold

- Hospital overall z-scores that are above 1<sup>st</sup> quartile will get incentive payments

Interquartile Range	Quartile Group	Conversion Factor
Top Quartile (lower z-score)	4 <sup>th</sup> Quartile	1.0
	3 <sup>rd</sup> Quartile	.75
	2 <sup>nd</sup> Quartile	.50
Lower Quartile (higher z-score)	1 <sup>th</sup> Quartile	zero

- Hospital overall z-scores that fall on 1<sup>st</sup> quartile (worst performing) will get no incentive payments.

# RY2021 Performance Scoring Eligibility (Covid-19 Proviso)

## Clinical Process Measures (MAT4, NEWB1, CCM, HD-2)

- ☐ Performance Data Period - Collect Q3+Q4-2020 only (Q1 & Q2-2020 not required)
- ☐ **Case Minimum Caveat** - Defer CY20 case minimum requirement
- ☐ Scoring Eligibility – Use 6 months data to compute performance scores

## Safety Outcome Measures (HAI's only)

- ☐ Data Completeness – Waive CMS requirement if Q4-2019 HAI data not reported.
- ☐ **Case Minimum Caveat** - CDC requires HAI case minimum thresholds to compute SIR results.
- ☐ Scoring Eligibility – Use 21 mos. (if no Q4-2019) to compute overall z-scores.

## Patient Experience Measures (HCAHPS)

- ☐ Data Completeness – Waive CMS requirement if Q4-2019 data not reported
- ☐ **Case Minimum Caveat** – CMS requires hospital have 100 survey to post data
- ☐ Scoring Eligibility – Use full CY19 data (if posted) to compute total performance score.

## Other Consideration

- ☐ If Hospital reported HAI data for periods affected by Covid-19 it will be used for quality scoring.
- ☐ If Hospital reported HCAHPS data for periods affected by Covid-19 it will be used for quality scoring.
- ☐ Hospital must enter HCAHPS or HAI exception for data periods affected by Covid-19 in the **RY21 MassHealth Hospital DACA Form**.



## 7.4: RY2021 Performance Evaluation Data Periods

Quality Measure Category	Previous Year Data Period	Comparison Year Data Period
<b>Perinatal Care</b>	Jan.1, 2019 – Dec 31, 2019	July 1 2020 – Dec 31, 2020 (6 months)
<b>Care Coordination</b>	Jan.1, 2019 – Dec 31, 2019	July 1 2020 – Dec 31, 2020 (6 months)
<b>Health Disparity</b>	Not Applicable	July 1 2020 – Dec 31, 2020 (6 months)
<b>Patient Safety Composite (PSI-90)</b>	Not Applicable	Oct 1, 2017 – Sept. 30,2019 (24 months)
<b>Healthcare-Associated Infections (HAI's)</b>	Not Applicable	Jan 1, 2018 – Dec 31, 2019 (24 months)
<b>Patient Experience &amp; Engagement</b>	Jan 1, 2018 – Dec 31, 2018	Jan 1, 2019 – Dec 31, 2019 (12 months)

### Chart-Based Measures Evaluation Period

- ❖ Comparison CY20 period truncated (Perinatal, care coordination, health disparity)

### Safety Outcome Measures Evaluation Period

- ❖ PSI-90 adapt 12 month overlap period for Oct 2017-Sept 2018.
- ❖ HAI's adapt 12 month overlap period for Jan 2018 -Dec 2018.

### Patient Experience/Engagement Evaluation Period

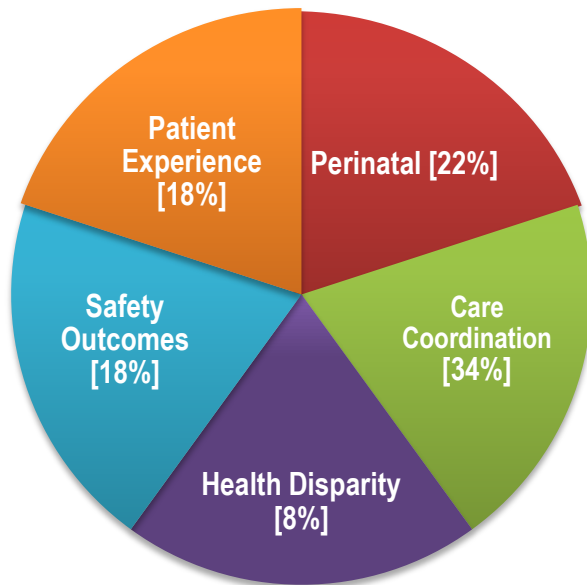
- ❖ Q4-2019 HCAHPS period may be impacted by CMS guidance on Covid-19 circumstance

## 7.5: MassHealth Incentive Payment Methods

### Payment Eligibility Criteria

- Pass Data Validation Standard
- Meet Data Completeness Requirement
- Achieve Performance Thresholds

### Acute RFA21 Allocations by QMC



### Incentive Payment Components

- **Maximum Allocated Amount:** overall dollars tied to achieving performance
- **Statewide Eligible Medicaid Discharges:** all hospital discharges for measure population
- **QMC per Discharge Amount:** dollar amount by quality measure category

Maximum Allocated Amount	= Quality Measure Category per Discharge Amount
Statewide Eligible Medicaid Discharges	

### Incentive Payment Formula

- **Final Performance Score:** Computed for each QMC
- **QMC per-discharge Amount:** Final computed from FY20 eligible discharges
- **Eligible Discharges for each QMC:** Final computed from FY20 discharges

(Final Performance Score) x (Eligible Medicaid Discharges) x (QMC per Discharge Amount)	= Hospital Incentive Payment
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## 7.5: Acute RFA2021 Eligible Medicaid Discharge Data (MDD) Volume

### Definition of MDD

#### Identifying MDD Volume

- Must meet ICD population criteria
- MassHealth is primary & only payer source
- Members covered under RFA payments  
(**FFS Network + PCCP + ACO-B Plans**)

#### MMIS Paid Claims Extract

- **Data Period:** Use FY20 (10/1/19 – 9/30/20) discharges to compute RY21 P4P payments.
- **Included:** Adjudicated Payment Amount per Discharge (APAD) is an all-inclusive facility payment for an acute inpatient hospitalization from admission to discharge,
- **Excluded:** Per Diem payments (Transfer, Psych, Rehab); Admin days, Interim bills, and outlier payments

### Identifying MDD by QMC

QMC	ICD Population Criteria
<b>Perinatal Care</b>	<ul style="list-style-type: none"><li>• Meet ICD population in TJC code tables</li><li>• Mothers age <math>\geq 8</math> and <math>\leq 65</math> years</li><li>• Newborn age <math>\geq 0</math> and <math>\leq 1</math> day</li></ul>
<b>Care Coordination</b>	<ul style="list-style-type: none"><li>▪ Meet ICD population in EHS Manual.</li><li>▪ Age <math>&gt; 2</math> years and <math>\leq 65</math> years</li></ul>
<b>Health Disparity</b>	<ul style="list-style-type: none"><li>▪ Unique Discharges that meet ICD requirement for at least one or more process measures hospital reported on (counted only once).</li></ul>
<b>Safety Outcomes</b>	<ul style="list-style-type: none"><li>▪ Meet APR-DRG medical &amp; surgical population codes</li><li>▪ Age <math>\geq 18</math> years of age</li></ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"><li>▪ Meet APR-DRG medical, surgical, vaginal &amp; cesarean population codes</li><li>▪ Age <math>\geq 18</math> and <math>\leq 65</math> years</li></ul>

## 7.6: RFA2021 Quality Reporting Requirements & Timelines

Submission Due Date	Data Submission Requirement	Data Reporting Format	Reporting Instructions
<b>October 30, 2020</b>	<ul style="list-style-type: none"> <li>Hospital Quality Contacts Form</li> <li>Hospital Data Accuracy and Completeness Attestation Form</li> </ul>	HospContact_2021 Form HospDACA_2021 Form	RFA Section 7.2.D RFA Section 7.3.D
<b>February 12, 2021</b>	<ul style="list-style-type: none"> <li>Q3-2020 (July – Sept 2020) data</li> <li>Q3-2020 ICD population data</li> <li><b>Q3-2020 Medical records request*</b></li> </ul>	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specifications Manual (v14.0)
<b>May 14, 2021</b>	<ul style="list-style-type: none"> <li>Q4-2020 (Oct – Dec 2020) data</li> <li>Q4-2020 ICD population data</li> <li><b>Q4-2020 Medical records request*</b></li> </ul>	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specifications Manual (v14.0)
<b>August 13, 2021</b>	<ul style="list-style-type: none"> <li>Q1-2021 (Jan – Mar 2020) data</li> <li>Q1-2021 ICD population data</li> <li><b>Q1-2021 Medical records request*</b></li> </ul>	Electronic Data Files; and ICD online data entry form (via MassQEX Portal)	Technical Specifications Manual (v14.0)

### ➔ Chart-Based Process Measures Reporting

- No Q1 & Q2-2020 data required 🚩

- Medical record case list request will be posted in MassQEX secure portal

### ➔ MassHealth PSI-90 Measures

- Pulled from MMIS using six month run-out of the evaluation period

### ➔ Nationally Reported Measures

- Hospital must comply with HAI data reporting timelines required by NHSN and CMS

- Hospital must comply with HCAHPS data reporting timelines required by CMS.

## 7.2: Hospital Representative Requirements

- ★ The EOHHS Medicaid Acute RFA contract requires each hospital designate **two Key liaisons** for all business correspondence related to meeting the terms and conditions of RFA Section 7 P4P requirements.
- ★ **Key Representatives** are staff authorized by the Hospital CEO to address performance or payment appeals.
- ★ **Key Representatives** are the staff expected to attend EOHHS meetings and appeal hearings as needed.

## Key Liaison Responsibilities

### Two Key Reps include:

- One **Quality executive** accountable for hospital RFA rate year performance results.
- One **Finance executive** to address RFA contract performance-based payment results.

### EOHHS Key Rep Communication Method

- Only Key Reps are entered in EOHHS business mailbox ([masshealthhospitalquality@mass.gov](mailto:masshealthhospitalquality@mass.gov))
- Only Key Reps receive final Payment Notices

## Accessing Hospital Reports

- 🌐 **Performance Reports** – Key Reps are required to access all annual measure result reports via the MassQEX secure portal & open user accounts.
- 🌐 **Incentive Payment Reports** - Key Reps are required to access final payment report via the EOHHS business mailbox (see slides # 22 + 23)

# RY2021 MassHealth P4P Program Participant Forms

## Rate Year Specific Forms **(Revised)**

### MassHealth Hospital Quality Contact Form

- List Two Key Representatives, portal users; NHSN Contact; add SFTP User **(New)**
- DUE at start of rate year & when changes to key contacts/portal users occur

### MassHealth Hospital Data Attestation Form

- Expanded measure exemption table
- DUE at start of rate year only

## **Bimodal Submission Required** ★

- **Mail Hard Copy Forms to:**  
(address listed on bottom of form)
- **Email Copy to:**  
RY21 Forms due 10/30/20 must also be scanned to EOHHS mailbox at:  
[masshealthhospitalquality@mass.gov](mailto:masshealthhospitalquality@mass.gov)

## Standard Forms **(Updated)**

### MassHealth Data Validation Reevaluation Request Form (MHDREV)

- ✓ See Section 6.E of RY21 EOHHS Tech Specs Manual (v14.0) details on how to complete & submit form.

### MassHealth Extraordinary Circumstance Request Form (MHECR)

- ✓ See Section 5.F of RY21 EOHHS Tech Specs Manual (v14.0) details on how to complete & submit form.

### **All Program Forms posted on Mass.Gov**

<https://www.mass.gov/service-details/masshealth-acute-hospital-p4p-program-documents>

Bimodal form submissions  
in effect until 12/31/20

# RY2019 MassHealth Payment Reports Virtual Dissemination (1 of 2) ★

## Commonwealth Secure File Transfer Interchange (SFTI)

- ❖ Transition to “Interchange P2P” secure file transfer system that allows exchange of private information between two individuals initiated by using a **Massmail email ID and a web page**.
- ❖ Within Interchange, the **XML Gateway** mediates delivery of file exchanges between external hospitals and the Commonwealth agency (MassHealth)
- ❖ The SFTI system ensures that a *message with attachments goes to the intended person* and verifies when documents have been accessed.
- ❖ **External users can only be invited by a state user before they can set up an account.**

## Hospital Key Representative EOHHS Business Info. Exchange

- ❖ The 2 Hospital Key Reps will get an invitation from the EOHHS mailbox [Masshealthhospitalquality@mass.gov](mailto:Masshealthhospitalquality@mass.gov) to set up your SFTI accounts
- ❖ **Initial Message** → Your invitation will contain detail on how to log into the SFTI system using your username and temporary password (which you reset).
- ❖ **Document Transfer Message** → The SFTI user will receive a notification via regular email that states they have a message file for them in Interchange.
- ❖ EOHHS business mailbox invitation to Key Reps will include detailed instruction on SFTI user features.

**The EOHHS business mailbox will be used to invite Hospital Key Reps to set up SFTI account.**



## Content of SFTI Info Exchange

### RY2019 Incentive Payment Packet

- RY19 MassHealth Cover Page
- RY19 Incentive Payment Notice Statement
- RY19 Hospital Performance Score Report
- RY19 Payment Report User Guide



### Estimated Timelines (time-sensitive)

Sept. 23, 2020	• EOHHS invitation to Set Up SFTI accounts
Oct. 9, 2020	• Hospital Key Reps set up SFTI Acct
Oct.22, 2020	• EOHHS sends RY2019 Payment Notices via SFTI
Nov. 23, 2020	• 30d Appeal Period ends
Dec. 15, 2020	• EOHHS Payments Made

## Payment Report User Guide

- ❖ Consolidates all previously mailed report packet contents into one document
- ❖ RY2019 Payment User Guide contains:
  - ❖ **MassHealth Payment Notice Report** (how to interpret payment calculations, eligible MDD volume)
  - ❖ **MassHealth Hospital Performance Score Report** (how to interpret category results)
  - ❖ **Requesting Agency Review** (how to submit requests for review of payment and MDD calculations)
- ❖ Contact EOHHS business mailbox at [masshealthhospitalquality@mass.gov](mailto:masshealthhospitalquality@mass.gov) for questions about the payment guide



# RY2021 MassHealth Acute P4P Program Updates Checklist

## Acute RFA21 Contract (Section 7)

### 7.2: Hospital Key Representative Role

- ☐ Updated requirements ★

### 7.4: Performance Scoring Methods

- ☐ CPM defer case minimum ★
- ☐ HAI measure period ★
- ☐ HCAHPS measure period ★

### 7.6: Quality Reporting Requirements

- ☐ CY20 data - Q3 & Q4 only ★
- ☐ CY21 data- resume Q1-Q4 reporting

### 7.6: Program Participant Forms

- ☐ RY21 Hospital Quality Contacts Form
- ☐ RY21 Hospital DACA Form
- ☐ Extraordinary Circumstance Request Form
- ☐ Data Validation Reevaluation Request Form
- ☐ Bimodal Submission Requirement ★

## Other Important Updates

### EOHHS Tech Specs Manual (v14.0)

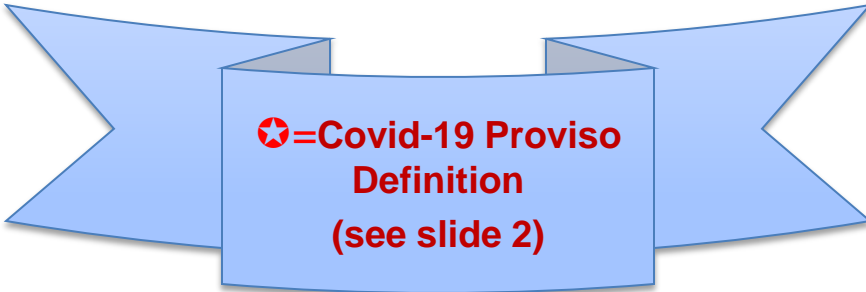
- ☐ Updated Core Manual sections
- ☐ Updated Appendix Tools

### MassQEX Requirements

- ☐ Hospital reports in secure portal
- ☐ Creating SFTP User Accounts **(NEW)**
- ☐ SFTP Chart Submission **(NEW)**

### Payment Report Virtual Dissemination

- ☐ SFTI Interchange Method **(NEW)** ★
- ☐ RY19 Payment Report User Guide **(NEW)** ★



★=Covid-19 Proviso  
Definition  
(see slide 2)

# MassHealth P4P Program Considerations (RY2022 – RY2023)

## **Align with National Medicaid & CHIP Guidance Initiatives**

- ❖ CDC guidelines Severe Maternal Morbidity & Mortality
- ❖ CDC guidelines re-issued for GBS prophylaxis (2020)
- ❖ CMS Guidance to Improve Care for Neonatal Abstinence Syndrome (2020)

## **Candidate Measures for Consideration**

- ❖ Indicators of severe maternal morbidity (episiotomy measure, unexpected complications in term newborns, etc.)
- ❖ Reinstate GBS prophylaxis measure (MAT-1)
- ❖ Identify safety measures (medication errors, obstetrical PSI's, etc.)

## **Care Coordination Measures Enhancements**

- ❖ Harmonize MassHealth specifications with CMS-Inpatient Psych Facility Quality Reporting Program care transition measures

Work with existing MassHealth Hospital Quality Advisory Committee (HQAC) on measures development, testing & implementation.



**RY2021**  
**MassHealth Hospital Measures Technical  
Specifications and MassQEX Portal Updates**

Cynthia Sacco, MD  
Medical Director, Health Management  
Telligen, Inc.

# RY2021 Summary of MassQEX Technical Updates

## MassQEX Data Collection and Reporting

### Clinical Process Metrics Specs

- CY20 Data Reporting updates
- Appendix Tool updates
- Chart validation requirements

### Safety Outcome Metrics Specs

- PSI-90: AHRQ v2020 software and technical manuals
- HAI: Pull NHSN data and reports

### Patient Experience Metric Specs

- CY19 HCAHPS data
- Hospital Compare posted results

## MassQEX Portal Features

### Portal Access and Features

- Secure File Transfer Process (SFTP) for medical record submission
- Add New SFTP User Account
- User Account Maintenance and Responsibility
- Submitting User Forms 🌟

### MassQEX Portal Hospital Reports

- CY20 Case List Requests (downloads)
- RY21 Year-End Validation and Measure Reports
- RY21 Hospital Performance Score Report

# RY21 Updates to Clinical Process Measure Reporting Specifications (Effective Q3-2020 discharges)

Process Measures	Measure Description & Flowchart (Section 3)	MassHealth Data Dictionary Updates (Appendix A-6)	Hospital & Vendor Data Tools/XML (Appendix A-1,2,3,4,7)
<b>All Charts</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Disposition</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>MAT-4</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>Gestational Age</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>NEWB-1</b>	<ul style="list-style-type: none"> <li>Initial Patient Population Algorithm (simplified) and Age range updated</li> <li>Measure Algorithm (expanded)</li> </ul>	<ul style="list-style-type: none"> <li>Exclusive Breast Milk Feeding</li> </ul>	<ul style="list-style-type: none"> <li>Updates to paper tool</li> </ul>
<b>CCM-1</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>CCM-2</b>	<ul style="list-style-type: none"> <li>Updated scoring counter logic</li> </ul>	<ul style="list-style-type: none"> <li>Advance Care Plan</li> <li>Contact Information 24/7</li> <li>Plan for Follow-up Care</li> <li>Reason for Admission</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>
<b>CCM-3</b>	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>	<ul style="list-style-type: none"> <li>No change</li> </ul>

- RY21 EOHHS Technical Specs Manual (v14.0) will provide more detail.

## **RY21 Updates to Exclusive Breast Milk Feeding (NEWB1) Measure Algorithm**

### **Effective Q3-2020 discharge file submissions**

Initial Patient Population Algorithm	<ul style="list-style-type: none"><li>✓ Simplified by removing evaluation of LOS and (2) ICD code tables</li><li>✓ Newborn patient age at admission modified to 0 days to <math>\leq 1</math> day.</li></ul>
Measure Specifications	<ul style="list-style-type: none"><li>✓ Added Length of Stay (LOS) evaluation</li><li>✓ Added ICD code evaluation for Table 11.21 Other Diagnosis Codes for galactosemia &amp; Table 11.22 Principal/Other Procedure Code for parenteral nutrition</li></ul>

#### **Hospital Action**

- Update Initial Patient Population Logic
- Update measure algorithm logic for relocated evaluations of LOS and ICD codes
- NEWB 1 data abstraction tool updated in Tech Specs

- ❖ Updates made by The Joint Commission measure steward (version 2020B2)
- ❖ Refer to details in Section 3.A of RY21 EOHHS Technical Specs Manual (v14.0)

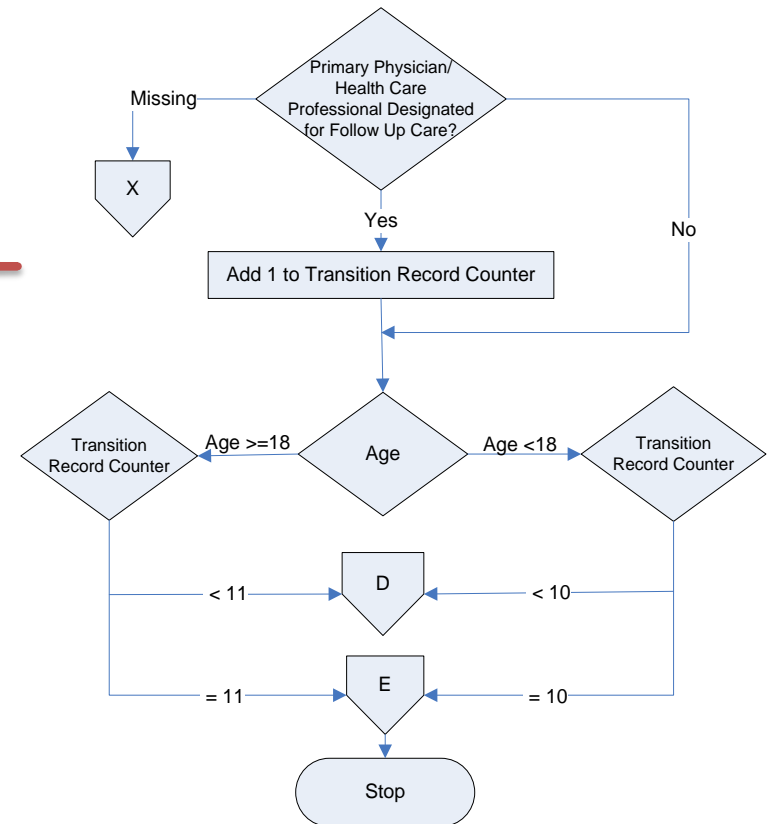
# RY21 Updates to Transition Record with Specified Data Elements (CCM-2) Measure (effective Q3-2020 discharges)

## CCM-2 Algorithm Adjustment

- The MassQEX portal transition record counter will phase in the original measure steward minimum required data elements.
- All transition record elements (n=11) for patients greater than and equal to 18 years, are required for a measure met outcome.
- No MassQEX data tool reprogramming is required

## Appendix A-6- Data Dictionary Updates

- Clarifications to CCM-2 data element abstraction notes were made on:
  - Advance Care Plan
  - Contact Information 24/7
  - Plan for Follow-up Care
  - Reason for Admission
- Clarifications address initial phase of harmonization with IPFQR care transition specs.



*Above Excerpt of CCM 2 algorithm change in RY21 EOHHS Tech Specs Manual v14.0 (Section 3.C.2)*

# RY21 Updates to Process Measures Chart Submission Requirements

## Adjusted Chart Requirement (Covid-19 Proviso) ☆

- Total Charts Sampled = 10 records for CY20 data
- MassQEX request N=5 charts for each quarter (Q3, Q4-2020 discharges)
- **Case List Request:** Posted in MassQEX portal within 14 calendar days of portal close
  - Q3-2020 Portal Close Date = Feb 12, 2021
  - Q4-2020 Portal Close Date = May 14, 2021
- Medical records must be submitted within 21 calendar days from date of portal posting notification
- Refer to Section 6 of the RY21 EOHHS Tech Specs Manual v14.0 for more details



NEW

## Chart Submission Options (as of Q3-2020)

- ➔ Hospitals can submit charts using only one of the following methods:
- 1) Mail Paper records by postal mail to MassQEX
  - 2) Upload records to MassQEX portal via Secure file transfer Process (SFTP)



# RY21 MassQEX Portal Secure File Transfer Submission Feature

## Secure File Transfer Process (SFTP)

- Transmission is conducted using compliant encryption algorithms and verified certificates, while meeting HIPAA standards
- SFTP link will be displayed on the MassQEX portal home page.
- The SFTP portal will allow the selected hospital user to upload quarter charts requested for validation.
- Uploaded files are routed to a secure directory and then deleted from the server.

## Chart File Preparation Rules

- Each patient record must be a separate [PDF](#) file
- File size cannot be larger than 1GB per upload
- More than one file may be transferred at a time
- Large records must be split into multiple PDF files and correctly labelled
- If photocopying records for uploading, copy single sided

***Refer to RY21 Tech Specs Manual v14.0 (Section 6) for specific detail on how to prepare files for upload***

# New MassQEX Hospital SFTP User Account Responsibility

## SFTP User Account - Limited Access

- The SFTP user account is limited to medical record upload function **only**.
- The SFTP user **does not** allow access to other MassQEX portal secure areas.

## SFTP User Account Responsibilities

- Must coordinate with authorized MassQEX Hospital staff user(s) to access case list request and submission due date.
- Ensure the chart case request list is provided to H.I.M./medical records dept. staff
- Hospital quality staff is accountable for meeting chart submission due dates on the Case List Request.

*\*Refer to Tech Specs Section 6 for additional details*

## Consideration when Selecting SFTP User

- 👉 **SFTP User Account Option:** The hospital can designate an active MassQEX Hospital Staff user to open a separate SFTP user account. This option may be more efficient
- 👉 **User Accounts Coordination:** The communication between active MassQEX Hospital Users and SFTP Users is essential for successful upload of requested charts.

# RY21 Hospital SFTP User Account Registration Process

## If Designate Current Active MassQEX Hospital User

- ❖ **NO** SFTP User Registration Form is required for authorized MassQEX portal user.
- ❖ The MassQEX Hospital User can request an SFTP account by emailing the MassQEX help desk at [MassQEXhelp@telligen.com](mailto:MassQEXhelp@telligen.com).
- ❖ MassQEX Help Desk will generate a new SFTP account for the designated user.
- ❖ Upon activation, the user will receive confirmation emails from the SFTP system with temporary password.

### ***IMPORTANT:***

The SFTP account will have a separate user-name and password) from MassQEX hospital user account.

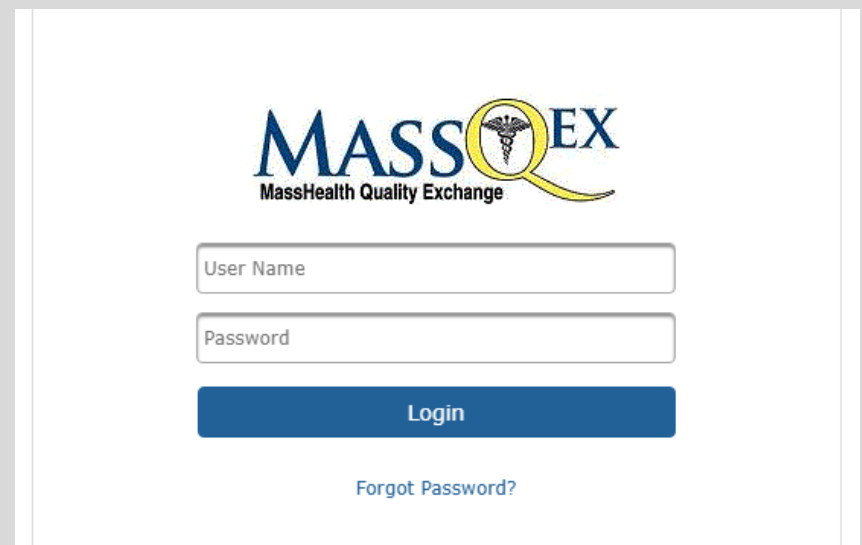
## If Designate a Separate MassQEX Hospital SFTP User

- ❖ Must complete the SFTP User Registration Form to create an account.
- ❖ SFTP registration on-line form to be posted to MassQEX portal homepage at <https://massqex-portal.telligen.com>.
- ❖ SFTP Form requires the notary and hospital CEO signature authorizing staff.
- ❖ Upon activation, the SFTP user will receive confirmation emails from the SFTP system with temporary password.

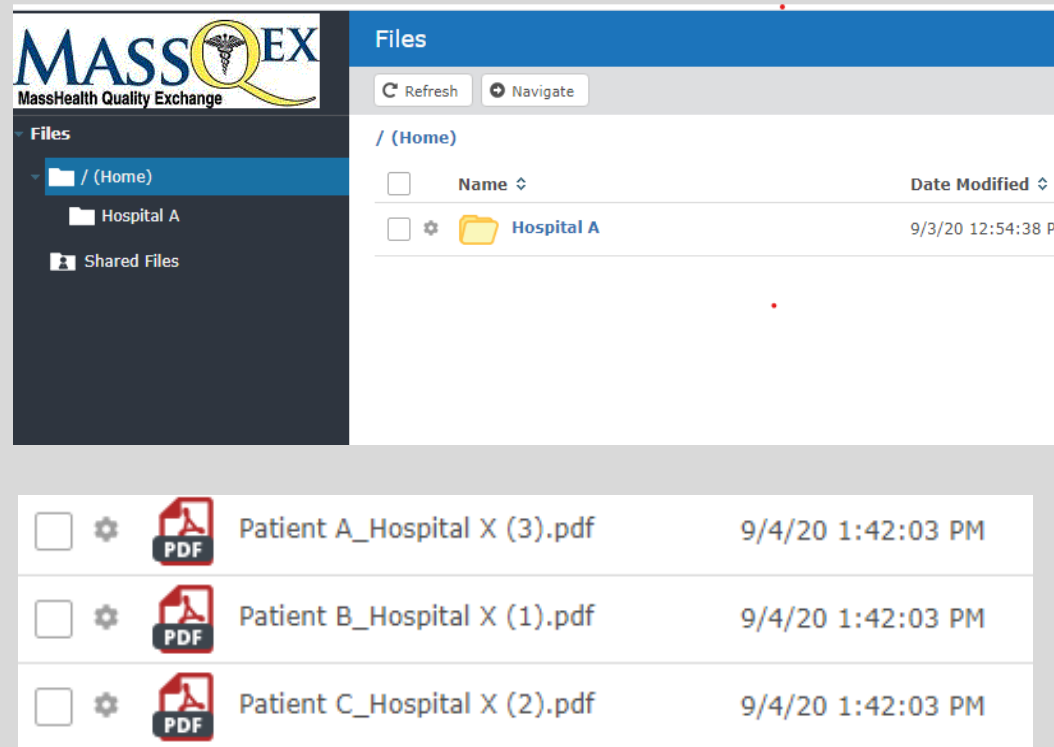
**Covi-19 Proviso:** All User Registration forms will be accepted via email to the Help Desk [MassQEXhelp@telligen.com](mailto:MassQEXhelp@telligen.com) until 12/31/20

# SFTP File Upload Instruction

- A link to access SFTP will be displayed on MassQEX portal homepage.
- SFTP account username and password required
- A secure folder labeled with your hospital will display.
- File name, date and time of upload is displayed
- **Upload Complete** will display on screen indicating successful upload.
- SFTP user will also receive a confirmation email for each upload instance.
- Refer to Tech Specs Manual Section 6 for additional details



The login page for MassQEX (MassHealth Quality Exchange) features the organization's logo at the top. Below the logo are two input fields: 'User Name' and 'Password'. A blue 'Login' button is positioned below the password field. At the bottom of the page, there is a link that says 'Forgot Password?'.



The SFTP interface shows a sidebar with a 'Files' section containing a tree view: '/ (Home)', 'Hospital A', and 'Shared Files'. The main area displays the contents of the selected folder. At the top of this area is a blue header with 'Files', 'Refresh', and 'Navigate' buttons. Below this is a sub-header for '/ (Home)' with columns for 'Name' and 'Date Modified'. A folder named 'Hospital A' is listed with a timestamp of '9/3/20 12:54:38 P'. Below the folder list, three PDF files are shown, each with a checkbox, a gear icon, a PDF icon, a name, and a timestamp.

	Name	Date Modified
<input type="checkbox"/>	Hospital A	9/3/20 12:54:38 P
<input type="checkbox"/>	Patient A_Hospital X (3).pdf	9/4/20 1:42:03 PM
<input type="checkbox"/>	Patient B_Hospital X (1).pdf	9/4/20 1:42:03 PM
<input type="checkbox"/>	Patient C_Hospital X (2).pdf	9/4/20 1:42:03 PM

# Proposed SFTP Go-Live Timelines

Steps for SFTP Implementation	Proposed Timeline
<input type="checkbox"/> Hospital Notifies MassQEX Help Desk of SFTP Account option chosen	✓ <b>Must communicate by Dec 1, 2020 (to MassQEXhelp@telligen.com)</b>
<input type="checkbox"/> Pilot test of SFTP functionality	✓ <b>Nov 2020</b>
<input type="checkbox"/> Post SFTP User Registration Form on MassQEX Portal homepage	✓ <b>Dec 1, 2020 (On-line Form activated)</b> <i>(NOT required for active MassQEX users)</i>
<input type="checkbox"/> <b>Go-Live for SFTP Portal</b> (SFTP User Accounts Activated)	✓ <b>Feb 1, 2021</b>
<input type="checkbox"/> XML Data File Submission Deadline	✓ <b>Portal Close: Feb 12, 2021 (Q3-2020)</b>
<input type="checkbox"/> Chart Submission Window for SFTP Upload	✓ <b>Est. Feb 18 - Mar 11, 2021</b>

List serv notifications to be sent at key dates with detailed instruction.

# MassQEX Hospital User Accounts Maintenance

## RY21 PORTAL USER ACCOUNTS

- ❖ **Hospital Staff User Limit:** N=5 accounts
- ❖ **Data Vendor User Limit:** N=3 accounts
- ❖ **SFTP User Account Limit:** N=1 **separate SFTP** account . Hospitals may opt for an additional MassQEX back-up user

### **SUBMISSION METHOD (Covid-19 Proviso)**

- ❖ All New MassQEX user registrations must be submitted to MassQEX help desk at [massqexhelp@telligen.com](mailto:massqexhelp@telligen.com). Interim submission method in place until Dec 30, 2020.

## MASSQEX USER ACTIVITY MONITORING

Each rate year MassQEX User Accounts profiles are verified against MassHealth Hospital Quality Contact Form entries and modified as follows.

- ❑ **Inactive Accounts:** If account has no activity within 90 day period, it will be closed and a new MassQEX registration must be submitted.
- ❑ **Disabled Accounts:** Accounts are locked after 3 failed log-in attempts. User must contact the MassQEX Helpdesk to reset the account.
- ❑ **Unusual Account Activity:** access of the portal user accounts by any individual other than the one authorized by the Hospital CEO are automatically disabled and suspended.
- ❑ Refer to Section 5.D and 6.C.3 of RY21 EHS Technical Specifications Manual for more details.

# MassQEX Hospital Reports Posted to Portal

Rate Year	MassQEX Report Type	Est. Timeline
<b>RY2020</b>	RY20 Appendix A-9: MassQEX Report User Guide (v13.0)	<b>October 2020</b>
	RY20 Year-End Validation Reports	<b>October 2020</b>
	RY20 Year-End Measure Reports (all Process and Outcome Results)	<b>December 2020</b>
	RY20 MassHealth Hospital Performance Score Report (all quality measure categories)	<b>Mar 2021 (or TBD)</b>
<b>RY2021</b>	Case List Request (Q3-2020 Discharges) ★★	<b>February 2021</b>
	RY21 MassQEX Report User Guide	<b>TBD</b>
	RY21 Year-End Validation Reports	<b>September 2021</b>
	RY21 Year-End Measure Reports (all Process and Outcome Results)	<b>December 2021</b>
	MassHealth Hospital Performance Score Report (all quality measure categories)	<b>TBD</b>

## IMPORTANT NOTE ★★

- ❖ Case list request submissions are time sensitive and due within 21 days from portal posting notification. No extensions beyond due date to be granted.
- ❖ MassQEX List-serve notices alert all users when Case List and all other reports are posted.

# MassQEX List-Serve Notification System

## PURPOSE

- MassQEX list-serve is a supplement notification system to the EOHHS business mailbox.
- Messages focus on program announcements related to data collection, reporting, reporting timelines,
  - **Standard messages** – portal Open and close date cycles; ICD population reminder, updates to portal system requirements, User account maintenance, webcast announcements and other technical specifications updates applicable to rate year requirements
  - **Hospital Reports** - Notification of reports availability in the MassQEX portal

## AUTO-ENROLLMENT

- All Registered Users are auto-enrolled in MassQEX list-serve communication system.
- Hospitals must update User Accounts to ensure receipt of timely listserv notifications.
- Non-Registered Users can be added to list-serve by contacting MassQEX Helpdesk:
  - Phone: 844-546-1343 (toll free #)
  - Email: [Massqexhelp@telligen.com](mailto:Massqexhelp@telligen.com)



# Proposed Changes to MassHealth CCM Measure Specifications

- ❖ MassHealth Hospital Quality Advisory Committee (HQAC) provided feedback to improve CCM specs harmonization with CMS-IPFQR care transition measures.
- ❖ The specifications shown in table below were agreed upon changes

Metric ID#	Measure Name	Updated Specifications
CCM-1	Reconciled Medication List	Require documentation of duration for all medications with option of providing blanket statement language
CCM-2	Transition Record with data elements received	<u>Advance Care Plan Data Element:</u> Removal of DNR/Code status to meet Advance Care Plan
CCM-3	Timely Transmittal of Transition Record	<u>Exclusion for Patient Refusal</u> Add Patient Refusal data element; Modification to algorithm (Paper Tool, XML)

- ❖ **Implementation Timeline:** as of Q3-2021 discharge data reporting
- ❖ Updates to RY21 Tech Specs Manual (14.0) will be posted:
  - ✓ **RY21 Tech Specs Release Notes (v14.1)** to provide preliminary details on data dictionary abstraction guidelines and other appendix tool changes.

# Wrap Up

## EOHHS Medicaid Acute Hospital P4P Resources

- ☛ **Program Contact:** Iris Garcia-Caban, PhD, Hospital Performance Program Lead
- ☛ **EOHHS Business Mailbox:** [Masshealthhospitalquality@mass.gov](mailto:Masshealthhospitalquality@mass.gov)
- ☛ **Mass.Gov Website:** <https://www.mass.gov/masshealth-quality-exchange-massqex>
  - ❖ RY21 Program Participant Forms
  - ❖ RY21 Technical Specification Manuals
  - ❖ RY21 Hospital Webcast slides
- ☛ **COMMBUYS Website:** [www.commbuys.com](http://www.commbuys.com)
  - ❖ Access the EOHHS Medicaid Acute RFA2021 contract (mid September 2020)
  - ❖ Instructions to download in Section 1A of RY21 Tech Specs Manual v14.0

## MassQEX Customer Support

- ☛ Data support services, enroll in MassQEX Listserv
- ☛ Registering and Updating MassQEX portal user accounts
- ☛ **Help Desk Phone:** 844-546-1343 (toll free #)
- ☛ **Help Desk Email:** [Massqexhelp@telligen.com](mailto:Massqexhelp@telligen.com)